

ISSUE SLIP STAPLE AREA (for additional cross references)

| P. NO.                    | INITIALS | ID NO. | DATE     |
|---------------------------|----------|--------|----------|
| FEE DETERMINATION         |          |        |          |
| O.I.P.E. CLASSIFIER       | SW       | 32     | 11/30    |
| FORMALITY REVIEW          |          | 109652 |          |
| RESPONSE FORMALITY REVIEW | ET       | 10818  | 11/08/01 |

BEST AVAILABLE COPY

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

| Claim | Final | Original | Date |
|-------|-------|----------|------|
| 1     | ✓     | ✓        |      |
| 2     | ✓     | ✓        |      |
| 3     | ✓     | ✓        |      |
| 4     | ✓     | ✓        |      |
| 5     | ✓     | ✓        |      |
| 6     | ✓     | ✓        |      |
| 7     | ✓     | ✓        |      |
| 8     | ✓     | ✓        |      |
| 9     | ✓     | ✓        |      |
| 10    | ✓     | ✓        |      |
| 11    | ✓     | ✓        |      |
| 12    | ✓     | ✓        |      |
| 13    | ✓     | ✓        |      |
| 14    | ✓     | ✓        |      |
| 15    | ✓     | ✓        |      |
| 16    | ✓     | ✓        |      |
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| 18    | ✓     | ✓        |      |
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| 25    | ✓     | ✓        |      |
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| 27    | ✓     | ✓        |      |
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| 49    | ✓     | ✓        |      |
| 50    | ✓     | ✓        |      |

| Claim | Final | Original | Date |
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| Claim | Final | Original | Date |
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If more than 150 claims or 10 actions  
 staple additional sheet here

(LEFT INSIDE)

617  
 11-14-01